5-7 G06-0016US.

MAY 2 3 2007 6

UNITED STATES (OF AMERICA COMBIN ATTORNEY FOR PATE	ED DECLARATION	FILE NO.	
As a below named inventor, I hereby as	clare that; my residence, post of	fice address and citizenship are as stat	ed below next to my name; that I verily	
believe that I am the original, first and s matter which is claimed and for which			ural inventors are named) of the subject	
THERAPEUTIC AGENT FOR AU	ITOIMMUNE DISEASE			
the specification of which is attached he				
X was filed on August 23, 20 application number PCT/JP200		Application Number or PCT Internation	onal patent (if any).	
	nd understand the contents of the	above identified specification, includi	ng the claims, as amended by any	
	ll information known to be mater	ial to patentability in accordance with	Title 37, Code of Federal	
Regulations, §1.56. I hereby claim priority benefits unde	er Title 35, United States Code §1	19 of any foreign application(s) for pa	itent or inventor's certificate or United	
States provisional application(s) listed before that of the application on which		low any foreign application for patent	or inventor's certificate having a filing date	
Prior Foreign or Provisional Applicatio	n(s)			
COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. § 119	
Japan	297742/2003	21-08-2003	X YES NO	
			YES NO	
			YES NO	
I hereby claim the benefit under Titl	e 35, United States Code, §120 o	fany United States application(s) liste	d below and, insofar as the subject matter	
of each of the claims of this application United States Code, §112, I acknowled Regulations, §1.56 which became avail	ge the duty to disclose information	n which is material to patentability as	defined in Title 37, Code of Federal	
application.		 	-	
UNITED STATES APPLICATION NUMBER	DATE OF FILING (day, month, year)	(patented,	STATUS pending, abandoned)	
I hereby appoint customer no. 32172, I to prosecute this application, to transact			th full power of substitution and revocation to receive all correspondence.	
	DICKSTEIN SHAPIRO MORII		DIRECT TELEPHONE CALLS TO:	
1177 Avenue of the A	Americas, 41st Floor, New Yor	k, New York 10036-2714	(212) 835-1400	
In the event that the filing date and/o necessary, I hereby authorize and reque			ment, and if such information is deemed on No. of said application.	
			on information and belief are believed to	
	001 of Title 18 of the United Stat		tements may jeopardize the validity of the	
application or any patent issued thereon	ı.			
FULL NAME OF SOLE OR FIRST INVENTOR	t	INVENTOR'S SIGNATURE	DATE	
Toshihiro NAK	KAJIMA		tall/27th/or	
RESIDENCE (City and either State or Foreign C		COUNTRY OF CITIZEN		
	agawa, Japan	<u> </u>	Japan	
POST OFFICE ADDRESS Kohoku Garden Hills A-503, 1-2-5	i. Nakagawa		ì	
Tsuzuki-ku, Yokohama	, ··· Line game		i	
Kanagawa 224-0001 JAPAN				
FULL NAME OF SECOND JOINT INVENTOR	(IF ANY) INVENTOR'	S SIGNATURE 1	DATE	
Tetsuya AMANO		Efsuya Amoni	Feb, 23, 2006	
RESIDENCE (City and either State or Foreign C	Country)	COUNTRY OF CITIZEN	SHIP	
Kanagawa, Japan Japan				
POST OFFICE ADDRESS				
Kaede 107, 3-6-30, Nishiikuta Tama-ku, Kawasaki				
Kanagawa 213-0037				
JAPAN				

FILE NO. UNITED STATES OF AMERICA COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. DATE FULL NAME OF THIRD JOINT INVENTOR (IF ANY) INVENTOR'S SIGNATURE mondi Satoshi YAMASAKI COUNTRY OF CITIZENSHIP RESIDENCE (City and either State or Foreign Country) Japan Tokyo, Japan POST OFFICE ADDRESS Toranomon Pastral Main Tower 7F, 4-1-1, Toranomon Minato-ku Tokyo 105-0001 **JAPAN** FULL NAME OF FOURTH JOINT INVENTOR (IF ANY) INVENTOR'S SIGNATURE DATE Naoko YAGISHITA COUNTRY OF CITIZENSHIP RESIDENCE (City and either State or Foreign Country) Japan Kanagawa, Japan POST OFFICE ADDRESS Kosumo Konandai 507, 2-39-9, Hino Chuo, Konan-ku, Yokohama Kanagawa 234-0053 JAPAN DATE INVENTOR'S SIGNATURE FULL NAME OF FIFTH JOINT INVENTOR (IF ANY) COUNTRY OF CITIZENSHIP RESIDENCE (City and either State or Foreign Country) POST OFFICE ADDRESS DATE INVENTOR'S SIGNATURE FULL NAME OF SIXTH JOINT INVENTOR (IF ANY) COUNTRY OF CITIZENSHIP RESIDENCE (City and either State or Foreign Country) POST OFFICE ADDRESS INVENTOR'S SIGNATURE DATE FULL NAME OF SEVENTH JOINT INVENTOR (IF ANY) COUNTRY OF CITIZENSHIP RESIDENCE (City and either State or Foreign Country) POST OFFICE ADDRESS

UNITED STATES OF AMERICA COMBINED DECLARATION						FILE NO.		
AND POWER OF ATTORNEY FOR PATENT APPLICATION As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I veri								
As a below named inventor, I hereby declare that: my residence, post office address and chizenship are as stated below next to my harne, that I welly believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
THERAPEUTIC AGENT FOR AL	JTOIMMUNE DISE	ASE						
the specification of which is attached h X was filed on August 23, 20	004 as United S	wing box is tates patent as amended	Application Nun	nber or PCT International	patent	a		
application number PCT/JP200 I hereby state that I have reviewed a								
amendment referred to above						1		
I acknowledge the duty to disclose a Regulations, §1.56.	all information known	to be mater	ial to patentabili	ty in accordance with Titl	le 37, Co	ode of Federal		
I hereby claim priority benefits unde States provisional application(s) listed before that of the application on which	below and have also i	ates Code §1 identified be	19 of any foreig low any foreign	n application(s) for patent application for patent or i	t or inve nventor	ntor's certificate or United 's certificate having a filing date		
Prior Foreign or Provisional Application	on(s)							
· COUNTRY	APPLICATION	NUMBER		DATE OF FILING (day, month, year)		PRIORITY CLAIMED UNDER 35 U.S.C. § 119		
Japan	297742	2003		21-08-2003		X YES NO		
						YES NO		
						YES NO		
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
UNITED STATES APPLICATION NUMBER	DATE OF (day, mont					ATUS ading, abandoned)		
I hereby appoint customer no. 32172, DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP, as attorneys with full power of substitution and revocation to prosecute this application, to transact all business in the Patent & Trademark Office connected therewith and to receive all correspondence. SEND CORRESPONDENCE TO: DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP DIRECT TELEPHONE CALLS TO: 1177 Avenue of the Americas, 41st Floor, New York, New York 10036-2714 (212) 835-1400								
In the event that the filing date and/or Application No. are not entered above at the time I execute this document, and if such information is deemed necessary, I hereby authorize and request my attorneys/agent(s) to insert above the filing date and/or Application No. of said application. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the								
application or any patent issued thereon.								
FULL NAME OF SOLE OR FIRST INVENTO Toshihiro NAI			INVENTOR'S SIGNATURE			DATE		
RESIDENCE (City and either State or Foreign (Country)	COUNTRY OF CITIZENSHIP						
	agawa, Japan			L <u> </u>	Japa	an		
POST OFFICE ADDRESS Kohoku Garden Hills A-503, 1-2-5, Nakagawa Tsuzuki-ku, Yokohama Kanagawa 224-0001 JAPAN								
FULL NAME OF SECOND JOINT INVENTOR (IF ANY)		INVENTOR'	INVENTOR'S SIGNATURE		DATE			
Tetsuya AMANO		<u> </u>			<u> </u>			
RESIDENCE (City and either State or Foreign Country) COUNTRY OF CITIZENSHIP Japan Japan					an			
POST OFFICE ADDRESS Kaede 107, 3-6-30, Nishiikuta Tama-ku, Kawasaki Kanagawa 213-0037 JAPAN			,					
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UNITED STATES OF AMERIC AND POWER OF ATTORNE	CA COMBINED DECL. Y FOR PATENT APPL	ARATION ICATION	FILE NO.	
I hereby declare that all statements made herein of m to be true; and further that these statements were made v imprisonment, or both, under Section 1001 of Title 18 of the application or any patent issued thereon.	with the knowledge that willful t	false statements and the lik	te so made are punishable by fine or	
FULL NAME OF THIRD JOINT INVENTOR (IF ANY) Satoshi YAMASAKI	INVENTOR'S SIGNATURE		DATE	
RESIDENCE (City and either State or Foreign Country) Tokyo, Japan		COUNTRY OF CITIZENSHIP	Japan	
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FULL NAME OF FOURTH JOINT INVENTOR (IF ANY)	INVENTOR'S SIGNATURE	agishire	Teb 27, 2006	
Naoko YAGISHITA	I was to 1	1 ()		
RESIDENCE (City and either State or Foreign Country) Kanagawa, Japan		CŎUNTRY OF CITIZENSHI	Japan	
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FULL NAME OF FIFTH JOINT INVENTOR (IF ANY)	INVENTOR'S SIGNATURE		DATE	
RESIDENCE (City and either State or Foreign Country)		COUNTRY OF CITIZENSHIP		
FULL NAME OF SIXTH JOINT INVENTOR (15 ANY)	INVENTOR'S SIGNATURE		DATE	
RESIDENCE (City and either State or Foreign Country)		COUNTRY OF CITIZENSHIE		
POST OFFICE ADDRESS				
	THE STORY OF STORY AT THE		DATE	
FULL NAME OF SEVENTH JOINT INVENTOR (IF ANY)	INVENTOR'S SIGNATURE		DATE	
RESIDENCE (City and either State or Foreign Country)		COUNTRY OF CITIZENSH	D	
POST OFFICE ADDRESS		<u></u>		